

DIVINE SAVIOR HEALTHCARE, INC.

715 WEST PLEASANT STREET

PORTAGE 53901 Phone: (608) 745-5900

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/03): 110

Total Licensed Bed Capacity (12/31/03): 110

Number of Residents on 12/31/03: 96

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 96

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

96

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.0
Supp. Home Care-Personal Care	No					1 - 4 Years		32.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3	More Than 4 Years		21.9
Day Services	No	Mental Illness (Org./Psy)	15.6	65 - 74	12.5			----
Respite Care	Yes	Mental Illness (Other)	16.7	75 - 84	34.4			80.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	9.4		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.4		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	11.5	65 & Over	93.8	-----		
Transportation	No	Cerebrovascular	18.8		-----	RNs		10.8
Referral Service	No	Diabetes	7.3	Gender	%	LPNs		12.0
Other Services	No	Respiratory	7.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.1	Male	34.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	65.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	11	100.0	320	66	100.0	115	0	0.0	0	17	89.5	169	0	0.0	0	0	0.0	94	97.9
Intermediate	---	---	---	0	0.0	0	0	0.0	0	2	10.5	169	0	0.0	0	0	0.0	2	2.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	11	100.0		66	100.0		0	0.0		19	100.0		0	0.0		0	0.0	96	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	9.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.3	46.9	44.8	96
Other Nursing Homes	2.0	Dressing	11.5	58.3	30.2	96
Acute Care Hospitals	85.9	Transferring	5.2	63.5	31.3	96
Psych. Hosp.-MR/DD Facilities	1.5	Toilet Use	2.1	80.2	17.7	96
Rehabilitation Hospitals	0.0	Eating	21.9	55.2	22.9	96
Other Locations	1.5	*****				
Total Number of Admissions	198	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.1	Receiving Respiratory Care	11.5	
Private Home/No Home Health	48.4	Occ/Freq. Incontinent of Bladder	64.6	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	67.7	Receiving Suctioning	0.0	
Other Nursing Homes	3.6			Receiving Ostomy Care	0.0	
Acute Care Hospitals	14.6	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	1.6	Physically Restrained	0.0	Receiving Mechanically Altered Diets	74.0	
Rehabilitation Hospitals	0.5					
Other Locations	8.9	Skin Care		Other Resident Characteristics		
Deaths	22.4	With Pressure Sores	2.1	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	21.9	Medications		
(Including Deaths)	192			Receiving Psychoactive Drugs	16.7	

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					
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	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.3	90.1	0.97	87.4	1.00
Current Residents from In-County	63.5	83.8	0.76	76.7	0.83
Admissions from In-County, Still Residing	20.2	14.2	1.43	19.6	1.03
Admissions/Average Daily Census	206.3	229.5	0.90	141.3	1.46
Discharges/Average Daily Census	200.0	229.2	0.87	142.5	1.40
Discharges To Private Residence/Average Daily Census	96.9	124.8	0.78	61.6	1.57
Residents Receiving Skilled Care	97.9	92.5	1.06	88.1	1.11
Residents Aged 65 and Older	93.8	91.8	1.02	87.8	1.07
Title 19 (Medicaid) Funded Residents	68.8	64.4	1.07	65.9	1.04
Private Pay Funded Residents	19.8	22.4	0.88	21.0	0.94
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	32.3	32.9	0.98	33.6	0.96
General Medical Service Residents	3.1	22.9	0.14	20.6	0.15
Impaired ADL (Mean)*	60.2	48.6	1.24	49.4	1.22
Psychological Problems	16.7	55.4	0.30	57.4	0.29
Nursing Care Required (Mean)*	13.7	7.0	1.96	7.3	1.87